# TEMPORARY TRAFFIC ORDER APPLICATION FORM (TTRO)

| Please Send Your Applications to: | Applicants Details: |
|---|---|
| **Cambridgeshire County Council**<br>**Street Works Team**<br>**Vantage House**<br>**Washingley Road**<br>**Huntingdon**<br>**Cambridgeshire**<br>**PE29 6SR**<br><br>**Tel: 01480 372444**<br>**Email: street.works@cambridgeshire.gov.uk** | **Name: Pam Joyce**<br>**Address:**<br><br>**Witchford Depot**<br><br><br>**Tel:**<br>**Emergency 24 hour Contact No:**<br><br>**07500 816896**<br><br>**Email:**<br>**steve.alexander@cambridgeshire.gov.uk** |

## The cost of this application is:
## £1095.00 for a Full Order or £770.00 for an Emergency Order

**YOU MUST ALLOW AT LEAST 12 WEEKS FOR THIS ORDER TO BE PROCESSED. A STREET WORKS PERMIT MUST HAVE BEEN SUBMITTED BEFORE THIS FORM WILL BE CONSIDERED**

**PLEASE TICK ALL RELEVANT OPTIONS THAT APPLY:**

| | √ | | √ | | √ | | √ |
|---|---|---|---|---|---|---|---|
| **ROAD CLOSURE** | √ | **FOOTPATH CLOSURE** | | **SPEED LIMIT** | | **OTHER (Please specify below)** | |
| **Additional T/M Requirements** | None ☐ Stop / Go ☐ 2 way lights √ 3 way lights ☐<br>Hours of operation __24hrs_____ | | | | | | |
| **Description of Works:** Replace carriageway drainage with new positive system between layby opposite No77 High Street to outfall at Number 60 High Street. New carrier to southbound lane (eastern side). Herringbone existing gullies and offlets into new pipe to outfall into existing culvert. | | | | | | | |

| | |
|---|---|
| **Road Name** | **High St** |
| **Parish / Town** | **BUCKEN** |
| **Road Number (i.e.: A140)** | C172 |

| | | | |
|---|---|---|---|
| **Location of Works** | Layby Opposite 77 to 60 | | |
| **Closure Start Date:** | 17/01/22 | **End Date:** | 04/02/22 |
| **Closure Times: 24/7 or Specify Times** | 24/7 | | |
| **Working Hours: 24/7 or Specify Times** | 24/7 | | |
| **Diversion Route – List all roads & parishes (with names and numbers if possible) These can be found on Roadworks.org with "NSG" selected under Operational Info within the Map Layers Menu.**<br><br>**Please provide a map showing the extent of the closure and diversion route.** | Church ST, Silver St, St Hughs Rd<br>See attached | | |
| **Will the alternative route include a Trunk road? (If so it is the responsibility of the applicant to gain agreement from the Highways Agency and submit a copy of the approval to Street Works)** | Yes / No NO<br><br>Details: | | |
| **Does the above route have any restrictions, i.e. Low bridges, weight limits, tunnels, fords, 'one way' or other Orders on it? (If Yes then please give details).**<br><br>**Some of these can be found here** | Yes / No NO<br><br>Details: | | |
| **Will this Order apply to pedestrians and/or equestrians? (If so please provide details)** | Yes / No No<br><br>Details: | | |
| **Please add any comments that you feel may assist the application** | This scheme has been identified as a key priority drainage scheme where the existing network is not operating efficiently to convey water from the carriageway. A drainage survey and site inspection has been undertaken to determine the extent of the issue and this will be used in designing the replacement connections and drainage network. | | |

| **Payment Details**<br>Please specify the details of the company or individual that Cambridgeshire are to collect payment for the TTRO to be processed. | |
|---|---|
| **Company Name:** **Cambs County Council** | |
| **Address:** | **Tel. No:** |
| | **Email:** |
| **Your Order Number** | |

**Please note: It is the applicant's responsibility to inform residents, businesses, the Local Parish Council and County Councillors about the closure. We may request to see the information you have sent them prior to sending you the legal order. Details can be found by following this link**

**FAILURE TO ADHERE TO THE CONDITIONS SET OUT WITHIN THIS DOCUMENT MAY RESULT IN AN APPROVED ORDER BEING WITHDRAWN.**

## REQUIRED ADDITIONAL IMPORTANT INFORMATION

1. Please ensure you give the official road name with the correct spelling for which the Order is required.
2. Access may be allowed to Emergency Services **IF** safe passage permits.
3. Pedestrian/Cyclist and Access to properties must be allowed at **ALL** times, unless otherwise agreed.
4. An order will only be granted where a suitable alternative route or arrangements are available.
5. A clear map showing the extent of the closure and diversion route must be attached to this application.
6. Signs 1050mm by 750mm bearing the words "This Road will be closed "From ……. To ……." and including the dates of the closure **MUST** be placed at all approaches to the site **at least 14 days** prior to the proposed closure.

**DECLARATION:**
**All the information given in this application is true and I have checked all the names of streets and parishes against an official map of the area.**

**Applicant's Signature:**……P E Joyce…… **Date:**
…10/11/21……..

**Company** CAmb County Council Highways

**Position**……Local Highway Officer.